



INTERNATIONAL CLARINET ASSOCIATION

MEMBERSHIP APPLICATION

Member Information (PLEASE PRINT CLEARLY)

New Member Renewing Member # _____
(if known)

Name _____

Billing Address _____

Mailing Address (if different from billing address)

Telephone _____

Email _____

Current Affiliation (i.e., university, orchestra, etc.)—optional

Membership Types (Please circle the level you desire)

Membership Level	One-Year	Two-Year
Adult, Online and Print	\$75	\$140
Adult, Online Only	\$50	\$90
Student, Online and Print	\$50	\$90
Student, Online Only	\$35	\$60
Youth (High School and Younger), Online Only	\$20	N/A
Senior Citizen (65 and Older, must provide ID), Online and Print	\$50	\$90
Senior Citizen (65 and Older, must provide ID), Online Only	\$35	\$60
New Horizons International Music Association, Online Only (Must Provide NHIM number)	\$25	N/A
Military (Must provide ID), Online and Print	\$50	\$90
Military (Must provide ID), Online Only	\$35	\$60
Institutional	\$75	\$140
Pre-College Institutional	\$50	\$90

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Your membership benefits include a subscription to *The Clarinet*, the official quarterly journal of the ICA. Please refer to the chart in the next column to see when you should expect your first issue. If you select an online only membership, then you will not receive a physical copy of *The Clarinet* journal. Electronic copies of the journal can be found on the “Members Only” section of clarinet.org.

If your membership is processed...	...your first issue will be:
November 1 - January 31	March
February 1 - April 30	June
May 1 - July 31	September
August 1 - October 31	December

Contribution to the ICA

Your generous gift will help the ICA flourish and grow. The International Clarinet Association is a 501(c)(3) organization, and your contribution is deductible as a charitable donation for federal income tax purposes.

YES, I would like to contribute \$ _____

NO, I do not wish to make a contribution

Payment

Check Enclosed – Check # _____ Amount _____
(checks drawn from a U.S. bank only)

Money Order

Credit Card: Please charge the balance due of \$ _____ to my credit card.

(Visa, MasterCard, Discover, or American Express)

Card Number _____

Expiration Date _____ / _____ (month/year)

CVV _____

Cardholder's Name _____

Signature _____

Credit Card Billing Address (if different)

Please mail completed application to:

International Clarinet Association
829 Bethel Road, #216
Columbus, OH 43214

Phone: +1-888-983-5441
Email: EDO@clarinet.org

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IMPORTANT NOTE:

It takes approximately **30 days** for **address changes** to be fully effective. It is the responsibility of the member to notify the organization of any changes in his/her contact information.